

igarette smoking is the leading cause of preventable death in the United States and in California. Approximately 440,000 people in the U.S. die each year from cigarette smoking.¹

In 1999, it was estimated that over 43,000 deaths in California could be attributed to cigarette smoking.² This estimate is:

- Seven times the deaths from diabetes²
- Five times the deaths from unintentional injuries²
- Five times the deaths from influenza²

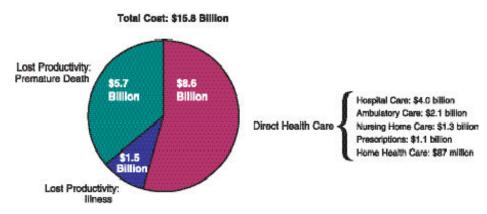
Smoking-Related Health Care Costs

The total cost of smoking in California in 1999 (including both direct and indirect costs), was estimated to be \$15.8 billion.²
This translates to:

• \$475 per California resident or \$3,331 per smoker²

The direct health care costs associated with smoking totaled approximately \$8.6 billion in 1999. ² If smokers were to pay for these smoking-related health care costs, the price of a pack of cigarettes would need to be increased by \$6.16.²

Cost of Smoking in California, 1999



Source: Max W, Rice DP, Zhang X, Sung H-Y, Miller L. The Cost of Smoking in California, 1999, Sacramento, CA: California Department of Health Services, 2002. Available online at http://www.dhs.ca.gov/tobacco.

Smoking-Related Health Consequences

The Surgeon General has identified cigarette smoking as "a major cause of lung, laryngeal, oral and esophageal cancer; a contributory factor for bladder, pancreatic, and kidney cancer; and associated with both stomach and cervical cancers." In addition to cancer deaths, cigarette smoking is also associated with deaths from cardiovascular, respiratory, and pediatric diseases.

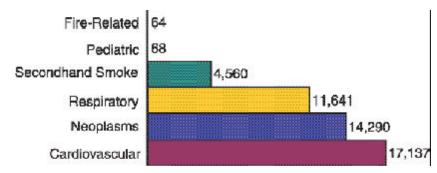
The leading cause of smoking-attributable death is cardiovascular disease, followed by neoplasms (cancers) and respiratory diseases.²

Nearly one in five deaths in California in 1999 can be attributed to smoking.² This loss translates to \$5.7 billion in lost productivity and 12.4 years lost per death.²

Lung cancer is the number one cause of cancer deaths among men and women. In 1999, lung cancer caused the death of 13,737 Californians and accounted for 17.042 new cancer cases.³

Nonsmokers also die as a result of exposure to cigarette smoke. An estimated 4,560-7,800 nonsmokers die each year in California from lung cancer or heart disease associated with exposure to secondhand smoke.⁴

Estimated Number of Smoking-Attributable Deaths in California, 1999



Source: Max W, Rice DP, Zhang X, Sung H-Y, Miller L. *The Cost of Smoking in California, 1999*, Sacramento, CA: California Department of Health Services, 2002. Available online at http://www.dhs.ca.gov/tobacco.

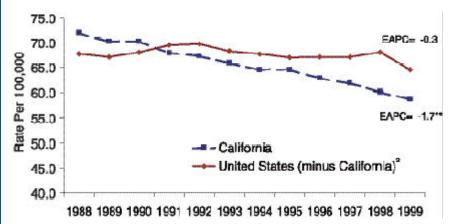
Selected¹ Cancer Incidence and Mortality Rates for the United States and California, 1999

Type of Cancer	Incidence Rate		Mortality Rate	
	U.S.	California	U.S.	California
Bladder	21.8	19.0	4.0	4.1
Cervix	8.3	10.0	21	2.8
Esophagua Kidney, other	4.9	4.3	4.3	4.1
urinary	11.3	9.9	4.0	3.7
Larynx Lung, bronchus,	4.2	3.3	1.3	1.0
trachea	64.6	57.9	49.7	46.9
Oral & Pharynx	10.2	10.3	2.6	2.8
Pancreas	10.9	9.7	10.6	9.6
Stemach	8.2	8.5	4.9	5.2

¹ These cancers are of the type linked to tobacco smoking.
Rates are per 100,000 persons and age-adjusted to the 2000 U.S. standard population.

Source: Cancer Surveillance Section. *Tobacco and Cancer in California*, 1988-1999, Sacramento. CA: California Department of Health Services. 2003.

Lung and Bronchus Age-Adjusted Cancer Incidence Rates¹, 1988-1999



¹ Rates are per 100,000 population and are age adjusted to the 2000 U.S. standard population.

Source: California Cancer Registry. Unpublished data, 2002.

<u>California Trends in Tobacco-Related</u> <u>Diseases</u>

Since 1988, statewide current smoking prevalence has declined 27 percent, from 22.8 percent in 1988 to 16.6 percent in 2002.⁵ In addition, California smokers on average are smoking fewer cigarettes. The percentage of current smokers who smoke fewer than 15 cigarettes per day (light smokers) increased 36 percent from 1990 to 1999 (from 43.6 percent to 59.4 percent) and the percentage that smoke occasionally (not everyday) increased 73 percent (from 16.8 percent to 29 percent).⁶

The change in smoking behavior that has taken place over the past two decades has translated into health benefits for Californians.

In California, accelerated reductions have been documented for heart disease deaths⁷ and lung cancer incidence rates.⁸ From 1988-1999, lung and bronchus cancer rates in California declined at nearly six times the rate of decline in the nation.⁹

In addition, six out of nine cancer types that have been linked to tobacco use had a lower incidence rate in California than the rest of the U.S. in 1999.³

References

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Published August, 2003

² Surveillance, Epidemiology, End Results (SEER) includes the following registries: Connecticut, Detroit, Hawaii, Iowa, New Mexico. Seattle. Utah. and Atlanta. San Francisco-Oakland have been excluded.

^{**}Estimated annual percent change (EAPC) is significantly different from zero (p<0.05).